

Consent to Treatment with Marijuana for Medical Purposes

I, _____, request that this physician certify
Patient/Patient's Parent or Legal Guardian

_____ as a qualifying patient under the
Patient

Maine Medical Use of Marijuana Act and to treat the qualifying medical condition as the patient uses marijuana. In requesting this physician to continue treating this patient as the patient uses marijuana for medical purposes, I assume full responsibility for any and all risks of this action related to this current medical condition.

I understand that marijuana is not approved by the Federal Food and Drug Administration for medicinal purposes and may contain unknown quantities of active ingredients and may potentially contain contaminants and/or impurities. I understand that this physician may not be knowledgeable of all the associated risks involved in the use of a non-FDA approved substance such as marijuana. I acknowledge that there is controversy in the medical/scientific literature available regarding the usage of marijuana for medical purposes and that more research is currently being conducted.

I understand that although the Maine law has approved the limited use of marijuana for medical purposes, its use is not approved under federal law, and that the current and future enforcement action of federal law enforcement officials is uncertain.

Date: _____

Signature of Patient/Patient's Parent or Legal Guardian